

<b>Report Title:</b> Provider: Monthly Application Statistics
<b>Report:</b> PM04a05
<b>Topic:</b> Licensing Home Providers : PM04a
<b>Report Content:</b> For each worker this report counts the numbers of Applications by various criteria.
<b>Dependencies:</b> None
<b>Frequency:</b> Monthly
<b>Runtime Parameters:</b> Specific County/All Counties; Month and Year
<p><b>Selection Criteria:</b> Refer to Report Information below for details on selection criteria.</p> <p>The report applies the County of the Worker with Primary Assignment to a Provider to determine the statistics to be included in the report: e.g. Provider records where a Dane County worker is identified as Primary Worker, will appear as Dane County statistics.</p> <p>The following criteria are used to identify the records to be recorded for a County:</p> <ul style="list-style-type: none"> <li>• Use PROVIDER_ORG table, where P.ID_PRVD_ORG = ASSIGNMENT.ID_GRP_LVL1 and ASSIGNMENT.CD_ASGN_CTGRY = 2 and ASSIGNMENT.CD_ASGN_ROLE = 1, to identify the worker with Primary Assignment.</li> <li>• Match ASSIGNMENT.ID_PRSN to WORKER.ID_PRSN. Use the worker's CD_OFC_DIV to define County.</li> </ul> <p>Draw the Provider statistics for the report, where WORKER.CD_OFC_DIV matches the report run County parameter.</p>
<b>Sort Criteria:</b> Sort first by County, then by Supervisor and then by Worker.
<b>Level Breaks:</b> Page break on County, Supervisor and Worker.
<b>Output Data:</b> For each supervisor, this report lists the workers names and counts of all applications with activity during the requested month by the specified criteria for each worker.
<b>Audience:</b> Out-of-Home Care Workers and Supervisors, Adoptive Home Workers and Supervisors, etc. Reports must be available to view on-line and print on a locally attached printer.
<b>Business Intent:</b> Provide Application activity statistics to workers, supervisors, and management.
<p><b>Specific Requirements:</b></p> <p><u>Adoptive Homes</u> – derived from the following Inquiry Type values:</p> <ul style="list-style-type: none"> <li>• Adoption-Foster Parent Applicant</li> <li>• Adoption-ICPC</li> <li>• Adoption-New Applicant</li> </ul>

<ul style="list-style-type: none"> <li>• Adoption-Relative Applicant</li> </ul> <p><u>Foster Homes</u> – derived from the following Inquiry Type values:</p> <ul style="list-style-type: none"> <li>• Foster Care</li> <li>• Foster Care-ICPC</li> <li>• Relative Foster Care</li> </ul>
<p><b>Proposed Layout:</b> A sample of the existing report is attached. Headings should follow the standard format of all WiSACWIS reports. The month and year being reported should be displayed with the report title, and a County label with County Name should be printed before the column headings.</p>

### **Definitions:**

#### **Total Applications**

New Applications	The number of Applications received during the report month.
Approved during the month	The number of Applications whose status changed from pending to approved during the report month.
Applications Withdrawn	The number of Applications Withdrawn during the report month.
Applications Denied	The number of Applications Denied during the report month.
<b><u>License on Hold (by Reason)</u></b>	
Foster Parent Request	The number of Applications put on hold at the Foster Parents Request during the report month.
Adoption in Progress	The number of Applications put on hold because an Adoption is in Progress during the report month.
Administrative Decision	The number of Applications put on hold due to an Administrative Decision during the report month.
Child Abuse/Neglect Assessment	The number of Applications put on hold due to a Child Abuse/Neglect Assessment during the report month.

Date: MM/DD/YYYY  
Time: HH:MM pm

Wisconsin Dept. of Health and Family Services  
Division of Children and Family Services  
Provider: Monthly Application Statistics  
For Month/Year: MM/YYYY

Report ID: PM04a05  
Page: XXXX

**County:** County Name

**Supervisor:** Supervisor Name  
**Licensing/Case Worker:** Worker Name

New Applications	Foster Homes	Adoptive Homes	Treatment Foster Homes	Total
New Applications	XXXX	XXXX	XXXX	XXXX
Applications Approved	XXXX	XXXX	XXXX	XXXX
Applications Withdrawn	XXXX	XXXX	XXXX	XXXX
Applications Denied	XXXX	XXXX	XXXX	XXXX
License On-Hold (by Reason)				
Foster Parent Request	XXXX	XXXX	XXXX	XXXX
Adoption in Progress	XXXX	XXXX	XXXX	XXXX
Administrative Decision	XXXX	XXXX	XXXX	XXXX
Child Abuse Neglect Assessment	XXXX	XXXX	XXXX	XXXX

**Page Break by County; Supervisor and Worker.**